

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	MW	50	03-30-0
<b>FORMALITY REVIEW</b>	SM	922	04/11/01
<b>RESPONSE FORMALITY REVIEW</b>	PU	1019	11.19.01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	1/15
2	
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4	✓
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6	N
7	✓
8	✓
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23	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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4/11/01  
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